

EXHIBIT 1

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*Dr. Oluwafemi
 Charles Igberase*

I hereby certify that the attached diploma or other credential for the individual noted above is authentic and correct and that I am authorized to certify this on behalf of this institution.

Jude Uzoma Ohaeri
SignatureJUDE UZOMA OHAERIName (Please Print or Type)SUB-DEAN (UNDERGRADUATE) ✓TitleCOLL OF MED, UNIVERSITY OF IBADAN, NIGERIA.Name of Medical School3rd June, 1992Date

*SUB-DEAN UNDERGRADUATE
 FACULTY MEDICAL SCIENCE
 & DENTISTRY
 COLLEGE OF MEDICINE
 UNIVERSITY OF IBADAN
 IBADAN NIGERIA*

I cannot certify that the diploma or other credential for the individual noted above is authentic and correct because _____

SignatureDateName (Please Print or Type)TitleName of Medical SchoolSealForm 399A
March 1987

University of Ibadan



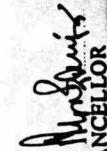
Charles Olufemi Igboezie

having fulfilled all the requirements of the University
and passed the prescribed examinations has this day
been admitted to the degree of

Bachelor of Medicine

and

Bachelor of Surgery


Vice-Chancellor


Registrar

June 9, 1987

DATE

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REGISTRATION NO. 154000

University of Ibadan



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having fulfilled all the requirements of the University
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Bachelor of Surgery

[Signature]
VICE-CHANCELLOR

DATE

June 19, 1987

[Signature]
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